

AUTHORITY TO DEPOSIT CHECK	
MAIL TO: Dawn Ferrell Battelle Memorial Institute Pension Plan, Room A-194 505 King Avenue Columbus, OH 43201-2693 (614) 424-5975 phone (614) 458-5975 fax	
Retiree/Beneficiary Name:	
Social Security Number:	
ABA/Bank Routing Number (Required):	
Account Number:	
Checking Acct <input type="checkbox"/> <i>or</i> Savings Acct <input type="checkbox"/> (<i>check one</i>)	
Bank:	
Bank Address:	Street:
	Street:
	City/State/Zip:
	Telephone #:

Signature

Date

Note: You are required to attach **either** a **voided check** or **preprinted savings deposit slip** from the account to which you would like your benefit deposited. **If we do not receive a voided slip or preprinted savings deposit slip, your request will not be processed.** This form must be returned by the first week of the month prior to the effective date.